

REC'D MAY 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14468
Do not use this space.

1. PLACE OF DEATH

(a) County Daniess
(b) Township Benton
(c) City

Registration District No. 254
Primary Registration District No. 5385

Registered No. 13

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bettie Marie Swope

(a) Residence, No. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
1 3 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daniess co. mo

FATHER 13. NAME Aubrey Swope

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

MOTHER 15. MAIDEN NAME Elsie Stitt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) Aubrey Swope Potosi mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 4-18 1938

19. FUNERAL DIRECTOR (ADDRESS) G. L. Brown Potosi mo.

20. FILED 4-18 1938 Malice C. Sutton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15 1938 to April 16 1938

I last saw him alive on April 16 1938 Death is said to have occurred on the date stated above, at 10-55 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia & Bronchial
Emphysema & Heart

Date of onset

Other contributory causes of importance: 9-

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Frank Weston M. D.

(Address) Potosi

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, G. S. Gomer Licensed Embalmer No. 2857

hereby certify that the body recorded on the reverse side of this certificate was embalmed by mat

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed G. S. Gomer

Licensed Embalmer No. 2857

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)